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Country programme recommendation**

Swaziland

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2000 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the country programme of Swaziland which has an annual planning level of $1,000,000 or less. The Executive Director *recommends* that the Executive Board approve the amount of $3,295,000 from regular resources, subject to the availability of funds, and $8,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2001 to 2005.

* E/ICEF/2000/14.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1999. They will be contained in the summary of recommendations for regular resources and other resources programmes (E/ICEF/2000/P/L.27).

00-53573 (E) 180800

Basic data
(1998 unless otherwise stated)

Child population (millions, under 18 years)	0.5
U5MR (per 1,000 live births)	90
IMR (per 1,000 live births)	64
Underweight (% moderate and severe)	10
Maternal mortality rate (per 100,000 live births)	230
Literacy (% male/female)	78/75
Primary school enrolment (% net, male/female)	95/95
Primary school children reaching grade 5 (%)	74
Access to safe water (%)	50
Routine EPI vaccines financed by Government (%)	100
GNP per capita (US$)	1 520
One-year-olds fully immunized against:	
Tuberculosis	85 per cent
Diphtheria/pertussis/tetanus	76 per cent
Measles	62 per cent
Poliomyelitis	76 per cent
Pregnant women immunized against tetanus	79 per cent

The situation of children and women

1. Since the country note was prepared, United Nations and Government reviews have focused on the nearly 50 per cent of Swaziland's population living in poverty and the pervasive impact of HIV/AIDS on every aspect of Swaziland's development. A progressive policy framework for poverty alleviation articulated in the National Development Strategy has yet to be translated into effective delivery that makes a difference to families in poorer communities, where decentralized governance capacity is weak. In poverty populations, limited access to health care, the high prevalence of sexually transmitted infections, and the lack of legal and social status of women and girls increase risks to contract HIV, while poor nutrition, hygiene and sanitation lead more quickly to AIDS. The costs to families of care and loss of income from AIDS-related illness increase poverty and create a greater need for social safety nets at a time when government resources are declining.

2. Recognition has emerged among Swaziland's leadership that the HIV/AIDS epidemic affects every sector of Government and every community and family. Increased mortality among teachers has reversed a three-decade trend of improving pupil-teacher ratios. Teacher replacement will require the training of more than twice as many teachers as earlier planned. Net primary school enrolment rates - 95 per cent for both boys and girls in 1995 - may have declined to as low as 77 per cent in 1998. Health sector data indicate a resurgence of deaths from diarrhoea and respiratory infections, with HIV/AIDS effects on both caregivers and children a likely contributor. From 1993 to 1998, tuberculosis cases have more than doubled, and deaths by a factor of five. The United States Census Bureau projects Swaziland's year 2000 infant mortality rate (IMR) at 109 per 1,000 live births once the impact of HIV/AIDS is taken into account. The availability of HIV counselling and testing for the public is limited. Policies and programmes have yet to be put in place to reduce mother-to-child transmission (MTCT) of HIV, to diagnose and treat AIDS-related

opportunistic infections, and to promote life-prolonging positive living and nutritional interventions.

3. AIDS deaths are accelerating, but few persons or families acknowledge AIDS illnesses. Misconceptions about HIV and potentials for living with it, as well as a lack of health system and broader societal support for those who are HIV-positive, contribute among many to a sense of fatalism and an unwillingness to learn their HIV status or to take action to protect themselves. While most youths are aware of AIDS and its relationship to risky sexual behaviour, few understand what specific behaviour enhances HIV transmission, and knowledge among rural adults is even less. Many confuse "HIV-positive" with the images of the last stages of AIDS, and refuse to believe that healthy-looking partners can transmit the virus. Only 27.5 per cent of youths surveyed in December 1999 reported condom use when they last had sex. Access to condom supplies remains inconvenient and irregular.

4. Deaths in the working-age population and loss of remittances from urban wage-earners affect the capacities of dependent extended families to care for children and keep them in school. Women whose husbands die lack legal standing to control and inherit resources to care for themselves and their children. An estimated 35,000 orphans in 2000 are projected to increase to at least 90,000 by 2005. High teenage pregnancy rates, abandonment by men of paternal responsibilities and placement by young mothers of such fatherless children with grandmothers place further strains on extended families. Increasingly, there are examples of large numbers of children being cared for by grandmothers, aunts or sometimes by other children themselves. They live in economically depressed, low productivity subsistence communities that are poorly integrated into the national and international economy. There is a real threat that children in these communities, orphaned or virtually abandoned by parents, growing up in poverty and without parental guidance or family pride, will drift into lives of exploitation, abuse, violence and crime, affecting their own and their nation's future potentials.

Programme cooperation, 1996-2000

5. The 1996-2000 Government of Swaziland/UNICEF programme of cooperation sought to reduce IMR, the maternal mortality rate and child malnutrition; increase access to safe water; increase school net enrolment rates; and improve the protection of children in especially difficult circumstances. The training activities of the health and nutrition programme, reaching over 85 per cent of health service delivery personnel, contributed to sustaining service delivery coverage in the health sector. Polio has been eliminated, and measles incidence very low. Legislation on the iodization of salt (all imported) was passed, while implementation of vitamin A and iron fortification of locally produced sugar has been delayed. With community involvement, a water and environmental sanitation programme has successfully involved multiple sectors in the coordinated delivery of services to 60 schools. Although implementation was limited to only a few areas, the water component is expected to be expanded, with donor support. The African Girls' Education Initiative was strategically overlaid upon ongoing education sector quality improvement initiatives, reaching over 95 per cent of primary teachers with training to implement a continuous assessment system. Gender perspectives were also introduced into the curriculum and materials development processes. Studies on children in especially difficult circumstances and child sexual abuse increased attention to vulnerable children across all programme sectors.

6. A strength of the country programme has been its responsiveness to identifying emerging child rights and gender issues, and to readjusting priorities and resource allocations towards the HIV/AIDS disaster. Following the mid-term review (MTR), the cooperation supported a 1999 consultancy on orphans, a major education sector impact study, and knowledge, attitudes and practice studies on youth to develop peer counselling strategies. A situation analysis of pre-schools and the status of early childhood development (ECD) services was also undertaken.

7. Limited coordination of data collection and analysis leaves data gaps that have impeded understanding and a coordinated response to problems. On child-related issues, processes of policy formulation, programme coordination, management

and monitoring have been somewhat fragmented across agencies and donors. The preparation process of the report on implementation of the Convention on the Rights of the Child, although delayed and still behind schedule, has contributed to government and non-governmental organization (NGO) partners opening up to more intersectoral approaches to address children's rights issues. However, the National Committee for Children has not yet effectively taken up its envisaged coordination and leadership roles in monitoring and advocacy for the rights of children.

Lessons learned from past cooperation

8. The country note highlighted that the impact of successful sectoral capacity-building was being eroded by the HIV/AIDS epidemic, requiring enhanced building of community and family capacities to realize children's rights. That will require decentralized levels of Government to build the capacity of poorer communities to make better use of their own resources. The planned support of the 1996-2000 country programme for such capacity-building did not materialize owing to the lack of an appropriate programme and management structure.

9. The anti-poverty focus of United Nations advocacy and assistance needs strengthening and linkage to the HIV/AIDS response. The Government has requested the United Nations country team to strengthen its role in human and financial resource mobilization in Swaziland. UNICEF needs to strengthen its focus on the poorest communities least able to meet the basic needs of children. However, support from outside the communities must be carefully designed to avoid risks to undermining family and community traditions of responsibility rooted in extended family institutions, which are already under pressure. External inputs with direct benefits to children and additional economic multiplier effects for the community would best contribute to enhance the capacities of communities to meet their obligations to children.

10. The country programme has contributed important policy studies, but constraints remain to translate studies and recommendations into action and results. UNICEF must enhance the focus to areas such as advocacy, practical experiments in policy innovation and programme design, communication and resource mobilization. Attention is needed to communicate more sensitively and effectively the relevance of children's rights to the aspirations of the Swazi nation and families, many of whom misconstrue children's rights as threatening to traditional values of child responsibility and respect towards elders.

11. Economic and social dislocations, large numbers of orphans and reduced capacities of social safety nets threaten the physical, intellectual and moral development of the next generation, as well as the transmission of the basic social and cultural values that hold Swaziland together as a nation and civil society. Meeting this threat requires the engagement of leadership at all levels to ensure that obligations to children are fulfilled. The Convention on the Rights of the Child, adapted into terms that are understandable to leaders and communities, provides a useful guideline and framework for analysis of the obligations to be met.

Recommended programme cooperation, 2001-2005

Estimated annual expenditure

(In thousands of United States dollars)

	2001	2002	2003	2004	2005	Total
Regular resources						
Integrated basic social services	215	139	171	168	150	843
Community action for children's rights	243	250	179	150	150	963
Policy advocacy and institutional support	142	210	250	273	291	1 166
Cross-sectoral costs	**59**	**60**	**68**	**68**	**68**	**323**
Subtotal	**659**	**659**	**659**	**659**	**659**	**3 295**
Other resources						
Integrated basic social services	400	900	650	600	600	3 150
Community action for children's rights	300	800	900	900	900	3 800
Policy advocacy and institutional support	100	100	100	150	150	600
Cross-sectoral costs	**90**	**90**	**90**	**90**	**90**	**450**
Subtotal	**890**	**1 890**	**1 740**	**1 740**	**1 740**	**8 000**
Total	**1 549**	**2 549**	**2 399**	**2 399**	**2 399**	**11 295**

Country programme preparation process

12. Country programme preparation milestones included a 1999 situation analysis building on a 1998 United Nations Common Country Assessment (CCA); a May 1999 youth consultation whose participants provided inputs to a June 1999 stakeholders' consultation; and a consensus-building meeting of those stakeholders in August 1999. A technical working group formulated the strategy, with Government, NGO and UNICEF membership, under the guidance of a representative from the Prime Minister's Office. The country strategy meeting was chaired by the Ministry of Economic Planning and Development, and attended by a wide range of stakeholders from the Government, the legislature, civil society, national and international NGOs, chiefs, representatives of grass-roots service providers, and representatives of embassies and United Nations agencies. Statements of leaders at the meeting reflected a new level of openness and commitment to come together to reverse the tide of the HIV/AIDS epidemic. Community perspectives and rights-based approaches to programming influenced the subsequent design of programme components, which also benefited from sharing of experiences of other countries in the Eastern and Southern Africa region.

13. Planning of the country programme proceeded in tandem with a slightly delayed CCA/United Nations Development Assistance Framework (UNDAF) process, with the United Nations Development Programme (UNDP) and UNICEF to harmonize programmes in 2001. A United Nations country team workshop in March 2000 discussed main strategic areas for UNDAF focus, further refined in consultations with high levels of Government, chaired by the Deputy Prime Minister. The UNICEF programme priorities reflected in the present country programme recommendation (CPR) have been adapted in line with those discussions. The finalized master plan of operations and, more especially, the annual project plans of action, will be further guided by

UNDAF, slated for completion during the second half of 2000.

Country programme goals and objectives

14. The country note presented a 2001-2005 goal to enhance national capacities to promote, protect and fulfil the rights of children. The objectives outlined in the country note remain. In line with UNDAF-related discussions, they were expanded to include: (a) strengthening communication within and among the Government, civil society organizations, communities and families to enhance understanding of action on children's rights; (b) strengthening community capacity to protect the rights and realize the full potentials of children, with an emphasis on families in poverty and AIDS orphans; (c) strengthening capacities at all levels to mobilize and effectively use resources to mitigate the impact of the HIV/AIDS disaster on children, women and their communities; and (d) reversing the rising trend of the epidemic, especially among youth.

15. The country programme structure is comprised of three interrelated and mutually supportive programmes which focus, at different levels of community, sectors and policy-making institutions, on how to ensure the realization of children's rights and potentials in the face of the HIV/AIDS epidemic.

16. The integrated basic social services programme seeks to sustain service delivery achievements related to the 1990 World Summit for Children goals and to enhance the access of families in poverty and of children affected by HIV/AIDS to such services. It will promote integrated approaches and a more community-, family- and child-centred delivery of those basic services, with a focus on enhancing ECD outcomes and adolescent self-protection skills, especially for reducing the impact and rate of spread of the HIV/AIDS epidemic. Testing of innovations will be undertaken in conjunction with the community action for children's rights programme. Designs for "going to scale" will then be replicated through sectoral or decentralized channels, as appropriate.

17. The community action for children's rights programme seeks to strengthen the capacities, will and access of communities to resources to realize their children's rights. It seeks to mobilize communities around traditional African concepts of the obligations of the extended family, community and nation to ensure that every child, including those orphaned, receives basic care, food, shelter, safe environment and health; love, stimulation, encouragement and social involvement; basic opportunities to learn; a name, pride and identity as an individual, linked to a sense of responsibility to family, community and nation; a sense of right and wrong, justice and equity; a belief that someone cares, and an ability and desire to care for others; optimism to influence the future; and a loved or respected person to turn to in time of need.

18. The policy advocacy and institutional support programme will support strengthening of institutional frameworks, partnerships and leadership for children's and women's rights, and for communicating and internalizing in society the values of the Convention on the Rights of the Child. It seeks to integrate Convention-related provisions in legal processes and practice, as well as in national policies and plans; to strengthen national and decentralized monitoring of children's rights; to revitalize the National Committee for Children as a sustainable and effective framework for monitoring and advocacy on children's rights; and to engage and strengthen leadership for meeting obligations to children at all levels. It will also cover activities to strengthen monitoring and evaluation processes of the country programme and other UNDAF activities relating to children.

19. All three programmes will contribute to processes of intensive innovation for HIV/AIDS mitigation and prevention, linked to initiatives in ECD, child protection and youth participation. These will be implemented in at least 12 chieftaincy areas during the first two years of the country programme. By the end of 2003, those communities aim to have reduced under-five mortality by 20 per cent from its projected peak; the rate of MTCT of HIV by 50 per cent; teen pregnancy by 30 per cent; the infection rate of HIV/AIDS among youth aged 15-19 years by 30 per cent; and the number of primary-school-age children who are not in school by 50 per cent. Replication processes will begin in 2002. With UNICEF support, in 2002-2004, the country programme will expand successful initiatives to achieve the above targets in 63 chieftaincy areas, covering a population of over 150,000, including about 70,000 children. The Government will then replicate those approaches in an additional 200+ chieftaincy areas before the end of 2005.

Relation to national and international priorities

20. The country programme has been formulated within the broad framework of the Convention on the Rights of the Child, the UNICEF medium-term plan, and the Government's National Development Strategy and policies to reduce poverty. In response to priorities identified by the Government and the United Nations at an UNDAF preparatory meeting in March 2000, the strategy outlined in the present document has been strengthened in the areas of HIV/AIDS, poverty alleviation, governance and children's and women's rights, communication, and financial and human resource mobilization.

Programme strategy

21. The strategy outlined in the country note remains applicable, expanded as noted above. An enhanced, cross-cutting focus on HIV/AIDS recognizes that the epidemic is not only a biomedical issue, but more especially a social and behavioural one requiring innovation rooted in the society's unique characteristics and culture. Thus, the strategy will place special emphasis on capacity-building with traditional leaders to engage them in the processes of assessment, analysis and action (triple A approach) to respond to HIV/AIDS. The advocacy strategy will focus especially on revitalizing those positive institutional arrangements of traditional Africa that made each child everyone's child in the community, and on raising awareness of traditional leaders that in times of crisis, leadership for change is the essential preservative of stability. Sensitive and effective communication for children's rights will be a cross-cutting theme in the country programme strategy. It is essential to realize the proposed engagement with traditional leaders and communities as key advocates and actors for children's rights, and also for engagements with youth to control the spread of HIV and to participate in initiatives to help those in their communities who are most in need.

22. The increase in the other resources ceiling reflects a resource mobilization strategy to enhance both national and international transfers of resources to poor communities increasingly stressed by the HIV/AIDS epidemic. For such resources to enhance community capacities and ultimate self-reliance requires strengthening of capacities community, *tinkhundla* (administrative centre of a chieftainship) and regional levels to assess and analyse their situation; articulate and prioritize their needs; make plans; mobilize internal and external resources; implement commitments with integrity and accountability; and report with credibility on results. In coordination with other United Nations agencies, micro-projects poverty alleviation initiatives of the European Commission and other partners committed to such practical issues of governance, UNICEF will make such decentralized capacity-building a major focus of the new country programme.

23. The *integrated basic social services* programme will facilitate intersectoral approaches to the challenges of children's development and protection in the age of HIV/AIDS. It is comprised of three projects, involving key sectoral ministries as well as civil society organizations, and linked closely to community initiatives in the country programme:

(a) The children's rights and family health project will support ongoing Integrated Management of Childhood Illness (IMCI) programming with the Ministry of Health. It will focus on strengthening community linkages and expanding to incorporate family health concerns relating to HIV/AIDS. Related work with the Ministry of Education, in conjunction with the Ministries of Social Welfare and Agriculture, and NGOs, will follow up a theme of the caring community and children affected by HIV/AIDS to strengthen ECD skills of caregivers, including child-to-child initiatives;

(b) The life skills and adolescent health project will support "education for life" initiatives. Activities will promote: enrolment and retention of children in school, with a special emphasis on orphans and children in poverty; curricula innovations on non-discriminatory gender roles, especially promoting sexual and parental responsibility; and enhanced participation of both in- and out-of-school youth in peer education and service activities that promote positive self-image, a sense of responsibility and belonging, and healthier, self-protective lifestyles;

(c) The national child nutrition and health project will focus on unfinished business related to the child mortality reduction goals of the World Summit for Children: development of policies and programming for the reduction of MTCT of HIV; reduction of vitamin A and iron deficiencies; sanitation and hygiene promotion as an HIV/AIDS impact

mitigation strategy; and testing of emerging preventive health and nutrition innovations.

24. The *community action for children's rights* programme, starting with intensive analysis and learning in at least one chieftaincy area of each region in the first year, will test interventions with communities, and develop and test designs for going to scale. It will support the regional administrations to go to scale from year two onward to reach national coverage by 2005. In the initial development of replicable community approaches, and in subsequent capacity-building for replication, UNICEF will work with government service delivery partners, community-focused NGOs and the national *Khulisa Umntfwana* ("bring up the children in the proper way") leadership initiative. The programme has three projects, the first two depending mostly on regular resources, and the third largely dependent on other resources:

(a) The community capacity-building for children's rights project will organize community activities covering communication, community self-assessment and analysis, HIV/AIDS risk and impact reduction, strengthening of community systems to ensure early childhood care and protection from neglect or abuse for children at risk, and community self-monitoring systems. Linkages with sectoral partners through the integrated basic social services programme will work to strengthen access, relevance and quality of basic services in the communities;

(b) The *tinkhundla* action for children's rights project will build capacities of the four regional administrations and the 55 district-level *tinkhundla* centres to organize and replicate successful community initiatives;

(c) The children first project will mobilize resources for poor communities severely affected by the HIV/AIDS epidemic. Maintaining principles of community and extended family responsibility for children, the project seeks additional external material inputs necessary to ensure the basic opportunities for children in poverty to realize their rights.

25. The *policy advocacy and institutional support* programme will have three projects:

(a) The legal and policy framework for child rights project will strengthen advocacy on children's rights with Parliament, the judiciary, civil society partners, traditional leaders and the media. Activities will promote incorporation of the tenets of the Convention on the Rights of the Child into general and traditional legal systems, and their practical application by programme planners, judiciary, police and other personnel;

(b) The child rights monitoring project will build national capacity to monitor children's rights and to meet reporting obligations. It will build the capacity of the National Committee for Children and related bodies; work with the Central Statistics Office to institutionalize child data collection in routine surveys; and work with other sectors to strengthen the collection, disaggregation, analysis and dissemination of data on children. It will provide technical support and training for community "triple A" processes, as well as for aggregating and analysing such data at community and progressively higher levels;

(c) The communication for child rights project seeks to strengthen advocacy and communication on children's rights across the range of activities in the country programme, including the dissemination of flagship publications; special events such as the Day of the African Child; and youth participation work, including continuation of youth-produced publications such as the "Children First" newspaper supplement and radio productions.

Monitoring and evaluation

26. Key indicators correspond to the targets cited in paragraph 20 above. An important component of the community action for children's rights programme is the development of community "triple A" capacities, and the introduction of community monitoring of children's rights, for which indicators will need to be developed reflecting the aspirations for children, as outlined in paragraph 17 above. Apart from global indicators, programme and project indicators relating to integrated basic social services will be developed in the specific plans of action.

27. Project plans of action will develop measurable annual milestones. Annual reviews will be carried out under the coordination of the Ministry of Economic Planning and Development, and with the involvement of all programme and project partners. The country programme's strategic focus on innovation will require UNICEF to strengthen capacities for close monitoring and evaluation, documentation and drawing of lessons

learned if the programme is to contribute solutions to the unprecedented challenges Swaziland is facing. An MTR is planned for the end of the second year (combined with the annual review exercise) to provide an early opportunity to assess progress, draw lessons learned, and formally share experiences with the range of international agencies and others working on issues of children and women, poverty alleviation, social development and HIV/AIDS.

28. Monitoring and evaluation activities will be organized under the child rights monitoring project. The country programme Integrated Monitoring and Evaluation Plan (IMEP) will be used as a basis for advocacy for a broader IMEP of the United Nations system, corresponding to the UNDAF to be developed in the second half of 2000. Studies and evaluations are planned on orphans, children in families living with AIDS and adolescent pregnancy.

Collaboration with partners

29. The coordinating partner is the Ministry of Economic Planning and Development. An important collaborating partner will be the Office of the Deputy Prime Minister, which is in charge of *tinkhundla* and regional administration. The Office is also responsible for the HIV/AIDS Crisis and Technical Committee, which coordinates the national HIV/AIDS response. A key partner on policy and advocacy issues will be the National Committee for Children once its capacities have been further developed to fulfil the role for which it was established. The *Khulisa Umntfwana* initiative of Swaziland's Queen Mother has a special role for mobilizing partnerships and leadership for children. Sectoral ministries in direct collaboration include Health and Social Welfare, Education, Agriculture and Water. Collaboration during 1996-2000 with NGOs will be strengthened and expanded, including their coordinating consortium, international NGOs with strong local chapters such as Save the Children, CARITAS and World Vision, and numerous local NGOs such as Family Life Association of Swaziland, Swaziland Action Group Against Abuse and Schools HIV/AIDS Population Education.

30. The United Nations country team has been strengthened in 2000. With the CCA/UNDAF process under way, more effective partnerships are foreseen for the coming period of cooperation, particularly between the UNDP and UNICEF harmonized programmes, within the Joint United Nations Programme on HIV/AIDS, and in areas of common interest with the World Health Organization, such as IMCI. Attention will be given to working more closely with bilateral donors, especially on HIV/AIDS, and to coordinating more effectively with the regional initiatives of the major donors. The community-focused designs of projects, and the creditable community capacities and accountability to be developed through the UNICEF cooperation, are designed to encourage enhanced private resource flows to children in Swaziland's poorest communities, and UNICEF will work with the private sector and donors to realize this.

Programme management

31. The Ministry of Economic Planning and Development will serve as secretariat for a high-level coordination committee for the cooperation, which will bring together representatives from the Office of the Deputy Prime Minister, regional administrations and sectoral partners. Technical and management working groups will support each of the programme components to coordinate work among the partners, including NGOs and other agencies/donors involved in related work. Management and coordination of regionally-based activities will take advantage of decentralized management structures currently under development by the Government to enhance coordination of poverty alleviation projects.

32. The UNICEF office in Swaziland was upgraded to full office status in 2000. Resource mobilization and expanded activities will require further strengthening of office management capacity. Subject to realizing projected increases in other resources, the office will strengthen national officer staffing for the labour-intensive regional and local capacity-building work, along with enhancing office capacity in communication and monitoring and evaluation.

Table

COUNTRY : CARIBBEAN
PROGRAMME : 2001-2005

Summary of programme budget and corresponding staffs

PROGRAMME OUTLINE (POs) AND FUNCTIONAL STAFFS	PROGRAMME BUDGET				POSTS a/										STAFF YEARS b/		
	RB	EXB	OTH	TOTAL	DATA PROG	PUBLIC	ADMIN	FIELD	S.SVS	TOTAL	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
POLICY CATEGORIES																	
INTEGRATED RURAL SOCIAL SERVICES	333,333			333,333	0	0	0	0	0	0	0	0	0	0	0	0	0
COM. ACTION FOR CHILDREN'S RIGHTS	444,444			444,444	0	0	0	0	0	0	0	0	0	0	0	0	0
POLICY ADVOC. AND CAPACITY BUILDING	1,111,111			1,111,111	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS	333,333			333,333	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL RR	2,222,222			2,222,222	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER RESOURCES																	
INTEGRATED RURAL SOCIAL SERVICES		0	2,555,555	2,555,555	0	0	0	0	0	0	0	0	0	0	0	0	0
COM. ACTION FOR CHILDREN'S RIGHTS		0	3,333,333	3,333,333	0	0	0	0	0	0	0	0	0	0	0	0	0
POLICY ADVOC. AND CAPACITY BUILDING		0	888,888	888,888	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		0	444,444	444,444	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OR		0	7,222,220	7,222,220	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL RR & OR	2,222,222	0	7,222,220	11,222,220	0	0	0	0	0	0	0	0	0	0	0	0	0
SUPPORT BUDGET		Operating costs	333,333														
		Staffing			0	0	0	1	1	0	2	1	2	5	0	0	0
GRAND TOTAL (RR + OR + SB)					0	0	0	2	1	0	2	1	2	5	0	0	0
	Number of posts and staff years																
	Current programme cycle																
	At the end of proposed programme cycle (indicative only)																
					0	0	0	2	1	0	2	1	2	5	0	0	0

SB = Regular resources
OR = other resources
FOR = funded other resources
NOR = non other resources
IP = International Professional
NP = National Professional
GS = General Service
SB = support budget

a/ Each post, regardless of its funding source, supports the country programme as a whole
b/ Includes temporary assistance and overtime